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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/604,493    |
|   | Filing Date            | July 25, 2003 |
|   | First Named Inventor   | Peetso        |
|   | Art Unit               | 3725          |
|   | Examiner Name          | not assigned  |
|   | Attorney Docket Number | 49443.3       |
| Total Number of Pages in This Submission  |                        |               |

| ENCLOSURES (Check all that apply)  |  |  |
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| <div>Remarks</div> <div><b>RECEIVED</b><br/>OCT 02 2003<br/>TECHNOLOGY CENTER R3700</div>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                   |
|--|-------------------|
| Firm or Individual                         | EDWARD YOO 41,435 |
| Signature                                  |                   |
| Date                                       | 16 Sept 2003      |

| CERTIFICATE OF TRANSMISSION/MAILING  |  |      |  |
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|   |                        | Application Number                             | 10/604,493    |
|   |                        | Filing Date                                    | July 25, 2003 |
|   |                        | First Named Inventor                           | Peetso        |
|   |                        | Group Art Unit                                 | 3725          |
|   |                        | Examiner Name                                  | not assigned  |
| Sheet 1 of 2  | Attorney Docket Number | 49443.3  |               |

[illegible][illegible]

|                       |                    |
|-----------------------|--------------------|
| Examiner<br>Signature | Date<br>Considered |
|-----------------------|--------------------|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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| <b>Examiner Name</b>          | not assigned  |
| <b>Attorney Docket Number</b> | 49443 3       |

(use as many sheets as necessary)

|       |   |    |   |
|-------|---|----|---|
| Sheet | 2 | of | 2 |
|-------|---|----|---|

[illegible]

Examiner  
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